

DENTAL AND DENTAL HYGIENIST INTERN PERMIT INFORMATION AND INSTRUCTION SHEET

Before completing and submitting your application to our office, please read all materials and information included.

CONTENTS OF APPLICATION PACKET

Applicants must download the following documents and information from the website at www.pla.in.gov:

Application For License to Practice Dentistry or Dental Hygiene
Certificate of Completion Form
Verification of Licensure Form
Information and Instruction Sheet
Statutes and Administrative Rules which pertain to the practice of dentistry and dental hygiene

AGENCY ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency
Attn: Dental Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Staff Phone: (317) 234-2054
FAX #: (317) 233-4236
Website: www.pla.IN.gov
Staff Email: pla8@pla.IN.gov

REVIEW OF APPLICATIONS

Intern permit applications are reviewed by the Indiana State Board of Dentistry. Based upon your request for an Intern Permit the Board may request a personal appearance for consideration of the issuance of the permit. Issuance of an Intern Permit is not automatic. Please plan accordingly when applying for an Intern Permit and beginning your internship or employment.

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on your application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the licensing board or committee to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.

ISSUANCE OF DENTAL INTERN PERMIT

The Indiana State Board of Dentistry may at its discretion issue a dental intern permit or dental hygienist intern permit to any person to whom it has not issued a license but who is a graduate of a dental college or school of dental hygiene recognized by the board and is otherwise qualified to take the regular examination for a license given by the board. However, an applicant for a dental intern permit or dental hygienist intern permit shall furnish the board satisfactory evidence that the applicant has been:

- (1) appointed to a dental or a dental hygiene internship in a hospital or similar institution operated under the laws of Indiana; or
- (2) employed as:
 - (A) an instructor in a dental school recognized and approved by the Indiana dental board; or
 - (B) a teacher or operator in a clinic in a public or parochial school, college, or university.

INTERN PERMIT PRACTICE

Any person receiving a dental or dental hygienist intern permit may practice dentistry or dental hygiene only in a hospital or other institution designated on the permit and only under the direction of a licensed dentist who is a member of the dental staff of such hospital or other institution. The intern's dental or dental hygiene practice shall be limited to bona fide patients of such hospital or other institution.

EXPIRATION OF PERMIT

The intern permit shall be valid for only one (1) year from date of issuance. Intern permits may be renewed upon submission of a renewal application and payment of a \$50 renewal fee. Intern Permits are renewed at the discretion of the Board upon the submission of a renewal application payment of a fee determined by the board under section 13 of this chapter, and may be recalled at any time by the board.

DENTAL AND DENTAL HYGIENE LICENSURE INFORMATION

To obtain a license to practice dentistry or dental hygiene within the state of Indiana please contact our office by calling (317) 234-2054 or by email pla8@pla.IN.gov for further information.

ABANDON APPLICATIONS

If an applicant does submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

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All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: Indiana State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

1. Completion of Page 1-3
On Page 1 of the application under "Type of License" please check "yes" that you are applying for an Intern Permit.
2. Verification of Employment or Residency For a Dental or Dental Hygiene Intern Permit

AFFIDAVIT

If you answer "yes" to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. The notarized statement must include the following:

- (1) The offense of which the applicant was convicted.
- (2) The court in which the applicant was convicted.
- (3) The cause number under which the applicant was convicted.
- (4) The penalty imposed by the court.

FEE INFORMATION

Dental Intern Permit Applicants must submit a one hundred dollar (\$100.00) application fee, made payable to the Indiana Professional Licensing Agency.

Dental Hygienists Intern Permit Applicants must submit a fifty dollar (\$50.00) application fee, made payable to the Indiana Professional Licensing Agency.

Checks or Money orders are acceptable. **ALL FEES ARE NON-REFUNDABLE OR NON-TRANSFERABLE**

PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken within eight (8) weeks before filing of the application. Please sign each photo at the bottom. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL DIPLOMA OR A CERTIFICATE OF COMPLETION

Applicants must submit one of the following documents:

1. A notarized copy of their official diploma.
2. A Certificate of Completion signed by the dean of the applicant's professional school and registrar of the university or college.

OFFICIAL TRANSCRIPTS

Applicants must submit official transcript sent directly from the school certifying the date the degree was conferred.

NATIONAL BOARD DENTAL EXAMINATION SCORE REPORT

Applicants must submit an official score report from the National Board Dental Examinations sent directly from the National Boards showing passing scores in all sections of the examination. Contact the National Board for information on how to obtain your score report and fee information at:

Joint Commission on National Dental Examinations
American Dental Association
Department of Testing
National Board Score Reports
211 East Chicago Avenue, Suite 600
Chicago, IL 60611
800-232-1694
Telephone: (800) 232-1694 or (312) 440-2811
Website: www.ada.org

BASIC LIFE SUPPORT (BLS) OR ADVANCED CARDIAC LIFE SUPPORT (ACLS) CARD

Applicants are required to submit a copy of your current BLS and/or ACLS certification card.

VERIFICATION OF STATE LICENSURE

Applicants must provide a "Verification of State Licensure" from where the applicant is now, or has been, licensed to practice any health profession in another state or Canadian province of their licensure status. The information must be sent by the state or province that issued the license directly to the Board. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. Other jurisdictions may charge a fee to verify licensure; you may wish to contact them prior to your request for verification.

NAME CHANGE

An official affidavit indicating any legal name change; a notarized copy of a marriage certificate or divorce decree is acceptable if your name differs from that on any of your documents.